



IFW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: GREENE, et al.

Application No.: 10/626,161

Examiner:

Date Filed: July 24, 2003

Group: 3765

For: DISPOSABLE PROTECTIVE DEVICE

CERTIFICATE UNDER 37 CFR 1.8(A)

I hereby certify that this correspondence is being deposited with the U.S.

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Commissioner for Patents, P. O. Box 1450, Alexandria, VA

22313-1450, on January 25, 2005

Stanley A. Kim, Ph.D., Esq., Reg. No. 42,730

Stanley A. Kim, Ph.D., Esq.

TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Please find enclosed for filing the following:

- X Power of Attorney and Correspondence Address Indication Form; and
- X 1 postcard.

Although no fee is believed due, please charge any underpayment to Deposit Account

No. 50-3110. This letter is submitted in duplicate.

Respectfully submitted,

RUDEN, MCCLOSKEY, SMITH,
SCHUSTER & RUSSELL, P.A.

Dated: January 25, 2005

Stanley A. Kim, Ph.D., Esq., Reg. No. 42,730
222 Lakeview Avenue, Suite 800
West Palm Beach, FL 33401-6112
Tel: (561) 838-4500

Docket No: 44669-0008



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and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/626,161
Filing Date	July 24, 2003
First Named Inventor	Maureen Greene
Title	DISPOSAL PROTECTIVE DEVICE
Art Unit	3765
Examiner Name	
Attorney Docket Number	44669-0008

I hereby appoint:

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record (if assignee, put name, title and company name in the "Name" space below)

Name	Maureen Greene
Signature	<i>Maureen M. Greene</i>
Date	1/24/05
Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

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SIGNATURE of Applicant or Assignee of Record (if assignee, put name, title and company name in the "Name" space below)

Name Theodore T. Tarone

Signature

Date

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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